

WASHINGTON STATE GAMBLING COMMISSION

LOCATION: 4565 7th Avenue SE, Lacey WA 98503 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400 TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631 TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

MANUFACTURER OF GAMBLING EQUIPMENT / PARAPHERNALIA SPECIAL SALES PERMIT

GENERAL INFORMATION

A special sales permit may be issued when demand for a particular type of equipment, scheme, or paraphernalia is anticipated to be below the level of economic feasibility of obtaining a license. Refer to WAC 230-04-115, Licensing of Manufacturers – Exception – Special Sales Permit.

* * * ATTENTION ALL APPLICANTS * * *

The director of the Gambling Commission has the authority to determine whether or not a manufacturer may be issued a special sales permit. At any time during the process, the director may require that an applicant submit an application as a Gambling Equipment Manufacturer or a Class III Services Supplier. If so, the commission staff will advise the applicant as soon as a determination has been made.

CAUTION: If we find you do not qualify for any reason for this permit, your basic fee is not refundable.

APPLICATION INSTRUCTIONS

- 1. Please read the enclosed commission rules for applicability and specific requirements.
- 2. Please type or print with black ink.
- 3. Answer <u>ALL</u> questions. Please place <u>N/A</u> if a particular requirement is not applicable. You may <u>copy</u> any of the forms in the application packet.
- 4. Ensure that the application is signed and dated by the appropriate individual(s).
- When completed, this application and its attachments should be rechecked. A complete application will expedite
 your processing time. An incomplete application will cause delays, which may cause the administrative closure or
 denial of your application.
- 6. If you are a corporation, include a copy of articles of incorporation and corporate disclose. If you are an LLC, include a copy of your LLC agreement, formation, and LLC Disclosure.
- 7. For each person who owns an interest or has any type of substantial interest in the business is required to complete a *Personal / Criminal History Statement* (BLS-700-301) (see attached).
- 8. Mail or deliver the completed application and fee(s) to the above address. <u>PLEASE NOTE</u>: You may fax application documentation to expedite processing, if originals are also mailed.
- 9. If you have any questions or need assistance in completing this application please call us.
- 10. You may significantly reduce the time it takes to process your application by:
 - Following the above instructions;
 - Answering all questions on this application; and
 - Submitting all additional requested documentation / information as soon as possible.

GC4-234 (Rev. 7/03) Continued on Next Page



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MANUFACTURER OF GAMBLING EQUIPMENT / PARAPHERNALIA SPECIAL SALES PERMIT (WAC 230-04-115)

BASIC FEE: \$211 (Non-Refundable)

* * * PERMITS WILL BE ISSUED FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF APPROVAL * * *

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		Email Address (If Available):									
b).	Premises Address (Street Address):									
		City	State	Zip	County						
		City Limits: Inside Outside		·	•						
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С		Business Trade Name:	 								
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			•	☐ Other:							
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GC4-234 (Rev. 7/03) Page 1 of 4

	Jurisdiction:	Date Issued:	to							
	Address:									
	City	State	Zip	County						
	Contact Person:									
	() Telephone		() Cell						
	Email Address (if Available):									
	Type of License:	Li	cense Number:							
F	necessary, use additional sheet using	the same format.								
is	t owners, corporate officers, or LLC members:									
>	Name:									
	Title:									
	Address:									
	City	State	Zip	County						
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GC4-234 (Rev. 7/03) Page 2 of 4

	ist the licensed / state-certified distributor(s) you have engaged to sell your product(s) within the state of I/ashington:										
a.	Full Name:										
	Address:						(_)) Telephone Number		
	City Full Name: Address:			State			Zip County			ounty	
b.							 				
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. Es	stimated Period of Sal	es / Services (Cor	mplete As	Applicab	le):						
] One-Time Sale / Servi	ce	From:	/ Month	/ Day	Year	To:	Month	/ Day	/Year	
	On-Going Sales / Serv	ices	From:	Month /	/ Day	Year	То:	Month	/ Day	/Year	

GC4-234 (Rev. 7/03) Page 3 of 4

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020(4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process.

DECLARATION / SIGNATURE OF SOLE PROPRIETOR OR SPOUSE, A PARTNER, OR CHIEF EXECUTIVE OFFICER:

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers, whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held. Further, I have read WACs 230-04-110 and 230-04-115, and I acknowledge that all records relating to the ownership and operation of the business shall be made available to commission staff and that commission staff may conduct an on-site review of my manufacturing facility(ies) to assure my capability of complying with the requirements of RCW 9.46 and WAC 230. I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate or obsolete and / or if any criminal or civil actions are filed against me. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. See WACs 230-04-110, 230-04-022, 230-12-305, and 230-12-310.

		Signature			Date
		Signature			Date
		Signature			Date
		Signature			Date
PPLICATION F	PREPARED BY:				
ame:	Name -		·		
	Name			Date:	
itle:	Name 			Date:	
itle:	Name 		State	Date: Zip	

GC4-234 (Rev. 7/03) Page 4 of 4